



VA Boston Healthcare System

Roux-En-Y Gastric Bypass

Hospital Discharge Instructions

You may feel...

- You may feel weak or “washed out” for 6 weeks. Simple tasks may exhaust you. You might want to nap often and it is important to rest.
- If you feel ongoing fatigue and weakness, make sure you are getting enough fluid and nutrition (keep a food diary) and that you are getting enough sleep.
- You may have a sore throat because of a tube that was in your throat during surgery.
- You might have trouble concentrating or difficulty sleeping. You might feel somewhat depressed.
- These feelings and reactions should go away shortly. If they do not, tell your surgeon.

Daily activities

- Do not drive until you have stopped taking pain medicine and feel you could respond in an emergency. You may go outside. But, avoid traveling long distances until you see your surgeon at your next visit.
- You may climb stairs.
- You may shower 48 hours after your drain has been removed. If you have a dressing on your abdomen, you should remove it before you shower but leave the white strips in place. After your shower, gently pat the incision dry. Put a new, dry dressing in place.
- Please do not take a tub bath or go swimming until after your incisions are well healed (usually after your 3 week follow-up appointment with your surgeon).
- Sleeping with your head elevated may be more comfortable than lying flat. Place your pillows, or a wedge pillow, so that your upper body is raised 45 degrees. Sleep is important to your recovery. If you get thirsty at night, keep some fluid by your bed.

- Don't lift more than 10-15 pounds for 6 weeks, unless your surgeon tells you otherwise. This applies to lifting children, but they may sit on your lap. Check with your surgeon before participating in heavy exercise.
- You may resume sexual activity 6 weeks after an "open" procedure and sooner after laparoscopic surgery, unless your doctor has told you otherwise. However, women of childbearing age, including women who have passed through menopause within the last two years, must be sure that they do not get pregnant. This applies even if you have not had regular periods or if you believe you are not capable of becoming pregnant. **Please note: because of the changes in your digestive system, birth control pills may not be effective.** In addition, certain kinds of hormones including birth control pills should not be taken for several months following surgery because they may cause blood clots. Please talk with your primary care doctor if you need a recommendation about birth control. In general, it is not safe for women to become pregnant in the first two years following weight loss surgery.
- Returning to work is different for everyone and depends in part on the kind of work you do. Some patients return to work in as little as two weeks; others return 4-6 weeks after surgery. Please talk with your surgeon about what is right for you.
- Use your CPAP machine as directed by your doctor. Check with the surgeon on when to resume its use, if they have asked you not to use it during the hospitalization.

Pain management

- It is normal to feel some discomfort/pain or "soreness" following surgery. Your pain should get better day by day. If it does not, please let us know.
- You will receive a prescription for pain medicine to take by mouth (Roxicet elixir). It is important that you take this medicine as directed (5 cc every 4-6 hours as needed). Do not take it more frequently than prescribed. Do not take more medicine at one time than prescribed.
- Your pain medicine will work better if you take it before your pain gets too severe. However, if you are not experiencing pain, it is OK to skip a dose of pain medicine.
 - Please don't take any other pain medicine, including non-prescription pain medicine (i.e. Tylenol). **Please note:** Many non-prescription pain relievers are in a group of medicines called NSAIDs (non-steroidal anti-inflammatory drugs). **Patients who have had weight loss surgery must not use these medicines because of the danger of ulcers** forming in the digestive system. Examples are ibuprofen, Motrin, Aleve, and Nuprin. Other pain relievers may also contain NSAID ingredients. Please check with your doctor before taking any pain medicine.

- To reduce pain, remember to exhale with any exertion or when you change positions.
- If you experience any of the following, please contact your surgeon:
 - ✓ sharp pain or any severe pain that lasts several hours
 - ✓ pain that is getting worse or is drastically changed in quality
 - ✓ pain accompanied by fever of 101 or more

Prevention of deep vein thrombosis (DVT)

- Anyone who has had surgery is at risk for a deep vein thrombosis (DVT). A DVT is a blood clot, usually in the leg or pelvis and sometimes in the arms. Talk with your surgeon about your own risk for DVT.
- Until you have resumed normal activities, try to walk 4-6 times a day. Walking improves circulation, helps keep your legs strong, and reduces the risk for DVT.
- Although walking is the best way to help prevent DVT, you may also do ankle range-of-motion exercises. To perform these exercises, slowly move your foot up towards the ceiling and then down towards the floor. Repeat at least 10 times per foot. This will increase the blood flow in your legs. You may do these exercises 5-6 times a day.
- Do not cross your legs while sitting. This puts pressure on the veins under the knees and slows blood flow.
- Avoid sitting for long periods. If you have a long car ride ahead, stop the car every two hours and walk around.

Signs and symptoms of DVT

If these symptoms appear, please page Dr. Sanchez at 617 705-1645.

- ✓ Leg swelling – usually in one leg only
- ✓ Tenderness in the calf muscle
- ✓ Warmth and redness in the calf muscle
- ✓ Pain in the calf muscle when walking or flexing the ankle

Exercise

- You should start some light exercise as soon as you can. Remember, establishing a regular exercise routine is an important part of your weight loss plan. People who put off regular exercise until they feel completely recovered generally have a harder time sticking to an exercise habit.
- Exercise helps to maintain your muscle mass and strength after surgery.
- We recommend walking as an excellent, basic exercise. You may walk around your neighborhood or a local mall.

Exercising safely after surgery

- ✓ Start as soon as possible.
- ✓ Start slowly and gradually increase your workload.
- ✓ Don't lift anything more than 10 -15 pounds for 6 weeks unless your surgeon has told you otherwise.
- ✓ If you have any pain with lifting, do not lift!
- ✓ Talk to your surgeon before doing any heavy exercise.

- Many patients wonder how to get started, especially if they have not exercised in a long while. Remember, the first steps you take are in many ways the most important, even if they are small. For many patients, this means walking for 5 or 10 minutes a day at first. Gradually, work your way up to at least 30 minutes once a day.

Eating and drinking

- You will be discharged on a liquid (“Stage 3”) diet. This diet consists of liquids that are low in sugar and high in protein. Please follow the instructions regarding the Stage 3 diet. Note: straws are NOT recommended.
- Remember, your new stomach is very, very small compared to your old stomach. This means you will need to take in very small amounts. Over-filling your small stomach may cause stretching of the stomach or vomiting.
- You must be sure to take steps to prevent dehydration as you get used to your new, smaller stomach. You should be sipping small amounts of fluid frequently throughout the day. You should be urinating pale, yellow urine 4-5 times a day. Please call us or come to the hospital if you have signs of dehydration, which include:
 - ✓ dark urine
 - ✓ small amounts of urine or infrequent urination
 - ✓ dry mouth
 - ✓ dizziness
- If you are vomiting on the Stage 3 diet, please remember to drink slowly and never gulp. Although vomiting can occur after this type of surgery, you should let your doctor know if you are not able to keep fluids down, or if you are vomiting every day or more than once in a day. Also let your doctor know if you vomit bright red or dark brown liquid. Follow these tips to reduce nausea and vomiting:
 - ✓ make sure you are drinking enough fluids
 - ✓ avoid gulping or chugging fluids; just take small sips
 - ✓ try warm fluids for comfort
 - ✓ follow Stage 3 diet closely
 - ✓ avoid thick, chunky fluids
 - ✓ do not drink and eat together
- In general, patients remain on the Stage 3 diet for 3-4 weeks. This is about the time of your first follow-up appointment with the surgeon and dietitian. You need to take between 60-70 grams of protein per day, in addition to staying hydrated.
- At your follow-up appointment, you will be evaluated to see if it is medically safe to move to the next diet stage. If so, you will be given detailed information on the Stage 4 diet, which consists mainly of ground, pureed, soft foods. It is important that you do **not** move to a new diet stage before being advised to do so by your health care team.
- The Stage 5 diet, which will be your new, permanent eating plan, begins at about 8 weeks after surgery.

Dumping syndrome

- Patients who have the RNY gastric bypass may experience “dumping syndrome” after eating or drinking foods high in simple sugars and fats. With dumping syndrome you may experience one or more of the following:
 - abdominal cramps
 - lightheadedness
 - sweating
 - dizziness
 - nausea and vomiting
 - heart palpitations
 - diarrhea
 - flushing or cold sweats

If you experience dumping syndrome:

- ✓ Lie down with your legs elevated to prevent dizziness or fainting.
- ✓ Stay calm. The symptoms are distressing, but they should pass quickly. If you get anxious, the symptoms may feel worse.
- ✓ If you wish, you may take small sips of water.

When dumping syndrome occurs, it is important to determine what caused it in order to prevent it from happening again. Think carefully about what you ate or drank just before your symptoms occurred. Most likely you ate or drank something that was high in fat or sugar. Be sure to avoid this substance in the future.

Your surgical incision

- Your incision may be slightly red around the stitches or staples. This is normal. If you see areas of redness that are spreading, please contact your surgeon.
- You may have a dry dressing over your incision. The dressing is needed only to protect your clothes against any drainage. You should change the dressing if it gets wet. Once all drainage has stopped, you may remove the dressing.
- You may gently wash away dried material around your incision. Do not remove steri-strips (thin paper strips that might be on your incision). But if they fall off on their own, it's OK. Do not use any ointments on the incision unless you were told otherwise.
- It is normal to feel a firm ridge along the incision. This will go away.
- You may see a small amount of clear or light red fluid staining your dressing or clothes. If the staining is severe or if you see bright red blood coming from the incision, please call your surgeon.

- Call your surgeon if signs of infection appear, including cloudy or foul-smelling fluid coming from the incision, or if you develop a fever of 101 or more.
- Over the next 6-12 months, your incision will fade and become less prominent. It is important to protect your incisions from the sun to avoid discoloring.

Your G-Tube (DOES NOT APPLY TO MOST PATIENTS)

- Some patients are discharged with a G-tube. Not all patients have a Gtube. This is a small tube in the “old” stomach. The area where the tube goes into your body will be covered with a clean gauze dressing. Use the following procedure to change the dressing once a day. (Part of the procedure calls for washing the area, which you may do in the shower if you wish.)
 1. Wash your hands with soap and water and dry well.
 2. Remove the old gauze dressing. Be careful not to pull on the tube. Pour water into a clean container or simply use water from the shower. Moisten a Q-tip with liquid soap and water and gently clean the area where the tube enters the skin.
 3. If there is a crust where the tube enters the skin, clean with a diluted hydrogen peroxide solution. Pour equal amounts of water and hydrogen peroxide into a clean container. Use a Q-tip moistened with this solution to clean the area until the crust is removed.
 4. Rinse the area with a small amount of water.
 5. Cover the site with a new gauze pad.
 6. Wash your hands again after changing the dressing.

Your bowels

- Changes in your usual bowel habits are normal. These are based on the changes in your diet and on the new way food passes through your system.
 - It is normal for you to be passing gas. If the gas is excessive, talk with your doctor.
 - Some patients may have frequent loose stools for the first few weeks following surgery. Others may experience constipation.
- ***If you have diarrhea***
- ✓ Limit your diet to clear liquids, low in sugar, for 24 hours.
 - ✓ For some patients, diarrhea is caused by a sensitivity to milk, even if this has not been a problem in the past. (See more information on lactose intolerance, below.) Avoid milk products or use lactose-free products to see if this helps.
 - ✓ Take in extra fluid to replace water lost in the bowel movement.
 - ✓ Some sugar-free or “diet” products contain sugar alcohols such as sorbitol, mannitol, or xylitol which can cause diarrhea. Read labels and avoid these products.
 - ✓ If these measures don’t work in 1-2 days, call your surgeon for advice. **Do not take anti-diarrhea medicine** without first checking with your surgeon.

→ *If you are constipated*

- ✓ Be sure to sip plenty of water throughout the day.
 - ✓ Try warm liquids in the morning.
 - ✓ Try 2 ounces of diluted prune juice. Mix one ounce of juice with one ounce of water. Be sure the juice does not have added sugar.
 - ✓ Keep up with your exercise routine.
 - ✓ If these measures do not work and you have not had a bowel movement in 4 days, call your surgeon. **Do not take a laxative** without clearing it with your surgeon first.
- Some patients experience gas and bloating following WLS. In many cases, this is due to lactose intolerance – a problem digesting milk products. This can occur even if you never had problems with milk in the past. If this happens:
- ✓ Try eliminating all milk products for a while. Substitute Lactaid (lactose-free) milk, or use Lactaid drops each time you drink a milk-based product.
 - ✓ Avoid sugar alcohols (sorbitol, mannitol, or xylitol), which can be found in sugar-free or diet products. They can cause a laxative effect. Read nutrition labels to see if a substance contains a sugar alcohol.
 - ✓ Walking can decrease gas pain.
 - ✓ You could also try the non-prescription medicine - simethicone (Gas X strips).

Heartburn

If you have heartburn or indigestion, try the following.
(If you have burning in the chest that does not go away, please get help.)

- ✓ Make sure you are taking Zantac elixer as it as prescribed (150 mg twice a day). If you do not have a prescription, you can get non-prescription Zantac or non-prescription chewable Pepcid Complete at your local pharmacy. This may help your heartburn.
- ✓ Elevate the head of your bed at night.
- ✓ If none of this helps, talk with your doctor.

Diabetes

- If you have been on medication for diabetes pre-operatively, you may not have been discharged with your usual medication. Gastric bypass results in dramatic improvements in blood sugars, and hence you will most likely not need your medication. Patients with persistently elevated blood sugars over 150, may resume half of their pre-operative diabetic medication. Please call your surgeon if the blood sugars at home are elevated over 150.
- If you have diabetes, you need to watch carefully for signs of low blood sugar as you

If you have diabetes...

- ✓ Your needs for diabetic medication may change as early as the day after surgery. You will likely be discharged on less or none of your diabetic medication.
- ✓ **Patients with diabetes should monitor blood sugar more frequently** than they did before the surgery...at least 4 times a day.
- ✓ Check your blood sugar if you feel unwell or dizzy.
- ✓ Keep a log of your blood sugars.
- ✓ Maintain close follow up with your primary care doctor or endocrinologist.

If you have high blood pressure...

- ✓ Your need for blood pressure medication may change in the first few weeks or months after surgery.
- ✓ Talk with your doctor about your blood pressure medicines and have regular blood pressure follow-up.
- ✓ If you feel dizzy after surgery and are drinking good amounts of fluids, have your blood pressure checked. If your blood pressure is low, call your doctor.

will not be taking in as many calories. If you have signs of low blood sugar:

1. Stop what you are doing – sit down.
2. Test your blood glucose level to verify it is low.
3. Consume 15 grams of carbohydrate: ½ cup juice, 3 tsp jelly, or 3 glucose tablets.
4. Re-test after 15 minutes. Repeat treatment if glucose is under 80.
5. After you treat the low sugar, consume some protein to prevent the low sugar from returning: ¼ cup ricotta cheese, 1 cup milk, and ¼ cup blended cottage cheese.

Medications

- You should **not** take any aspirin or other anti-inflammatory products such as ibuprofen (Motrin), Aleve, or Nuprin for the rest of your life. These medications are known as NSAIDs (non-steroidal anti-inflammatory drugs). They can cause ulcers after surgery. Read labels of all medications to make sure they don't contain these kinds of substances. If you aren't sure if a medicine is allowed, please talk with your doctor.
- You should take all the medications you were on before the operation, unless you have been told differently (please see above regarding diabetic medications). However, all your medication must now be in liquid, chewable, or crushed form. **Please talk with your doctor or pharmacist about obtaining a form of medicine that is right for you. Do not stop taking any prescribed medicine without talking with the doctor who prescribed it.**
- As your weight starts to drop, your need for certain medicines may change. Some general information about medications you may be taking appears in the box on the previous page. A change in dose for other medicines may be needed as well. It is very important that you stay in close contact with the doctor who prescribes your medications so that you will know if a change is needed. **Never change your medicine on your own.**
- You will go home with prescriptions for pain medicine to take by mouth. In some cases, you will have a prescription for antibiotics or other medications.
 - ✓ If you had the RNY gastric bypass and still have your gallbladder, you will need a prescription for Urosdiol (also called Actigal) to prevent gallstones. Gallstones can form when you lose weight quickly. This medication is recommended for 6 months after surgery to reduce your risk of developing gallstones. The dosage is 300 mg twice a day.
 - ✓ After the RNY gastric bypass you will also need to take prescription Zantac /Ranitidine or non-prescription chewable Pepcid for the first 30 days to help with healing and prevent ulcers. The dosage is 150 mg twice a day.
- You will need to take a chewable multivitamin with iron daily for the rest of your life. Take two vitamins once a day.
- You will also need to take sublingual Vitamin B12 weekly. The dosage is 1000mg weekly.
- In addition, you will need to take Calcium with Vitamin D daily; 600mg/400iu daily.

- For women : As noted above, certain kinds of hormones, including birth control pills, should not be taken for several months after WLS. In addition, birth control pills may no longer be effective even after several months. Talk to your doctor if you have questions about birth control or hormones. Remember, in general, it is not safe for women to become pregnant in the first two years following WLS.

Your emotional well-being

As you know, you have had a life-altering operation. It is normal to have strong emotional reactions to this surgery.

If at any time you feel that your emotions are out of control, please call our team for help. Signs that should concern you are constant or overwhelming feelings of sadness, frequent crying, or feeling hopeless. Veterans who have such feelings, or family members who have observed any or all of these behaviors, are welcomed to call **1-800-273-TALK**. In addition to the national hotline, the Department has established a website, at <http://www.mentalhealth.va.gov> to provide information on suicide prevention awareness.

Weight gain during hospitalization

It is common to gain weight while you are in the hospital. This weight gain is likely due to IV fluids you received during your surgery. Avoid weighing yourself in the first week after discharge.

Your appointments

It is **very important that you keep all of your follow-up appointments** with the surgical team, including those with your surgeon and with the nutritionist. Please be sure to ask any questions you have and find out when you should see your doctor next. You will see the nutritionist and Dr. Sanchez within 3 weeks of discharge.

Return to Work

Talk with your doctor about when you may go back to work.

- Some patient return to work in as little as 2 weeks; others return in 4-6 weeks. Most patients are out of work for approximately 4 weeks following surgery.
- Returning to work is different for everyone and depends in part on the kind of work you do. Your level of health before surgery may also influence your recovery.
- If you have a desk job, a return to work in a few weeks is possible. However if you plan to return to work quickly after surgery, you may want to return on a half-

day basis for a couple weeks before starting full-time.

- If you have a job that involves heavy lifting, you will most likely need 6-8 weeks off, unless you can be assigned to light duty.
- A return to work note can be provided to you or your employer by contacting your surgeon.

IMPORTANT TELEPHONE NUMBERS

If you are home and have an emergency, call 911.

General Surgery Office: 857-203-6200

Other phone numbers (pager numbers, office numbers) will be provided to you once you establish care with our group.

Thanks!